

# Request for Service

What type of service are you requesting? Please check only the boxes that apply.

## 1. General Information

Insured's name as currently listed on the policy:	Soc. Sec. No:	Date of Birth(mm/dd/yyyy):
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List all policy numbers related to this request (required to process):

Employer Name:

## 2. Name Change *PLEASE ATTACH A COPY OF LEGAL EVIDENCE*

Previous Name:	Current Name:
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Reason:  Correction  Marriage/Divorce  Other

## 3. Address Change

Street	Apt. No.	Telephone (h)	(w)
City	State	Zip	

## 4. Request for Change of Beneficiary Form

Please visit us at our website colonial-paulrevere.com or contact us at 1.800.325.4368 to request a copy of the Change of Beneficiary form.

## 5. Payment Method Change *YOU HAVE A CHOICE OF THREE EASY PAYMENT METHODS. PLEASE SELECT ONE.*

1.  Please deduct monthly premiums from my banking account.

*Please attach a voided check and circle one range of days you would like your checking account to be drafted.*

RANGE: (A) 1st-5th (B) 6th-10th (C) 11th-15th (D) 16th-20th (E) 21st-26th Your draft will occur on one of the dates within the range you have selected. **Signature of checking account owner:** \_\_\_\_\_

**OR**

2.  Please bill me directly. Choose one of the following:

- Quarterly (Submit a payment 3 times your monthly premium.)
- Semi-annually (Submit a payment 6 times your monthly premium.)
- Annually (Submit a payment 12 times your monthly premium.)

**OR**

3.  Change to Payroll Deductions.

Employer Name \_\_\_\_\_  
Billing Control Number or Account Number \_\_\_\_\_

**Please contact your Plan Administrator to start payroll deduction.**

## 6. Cancellation, Surrender or Policy Change *YOU MUST ALSO COMPLETE SECTIONS 9 AND 12 ON THE REVERSE SIDE.*

- Cancel/surrender the policy(s).
- Cancel the following riders on the policy(s):  Spouse  Dependent DOB of youngest dependent \_\_\_\_\_  Other
- Change Two-Parent to Individual  Change Two-Parent to One-Parent  Change One-Parent to Individual

Please provide name, birthdate, and social security number for spouse/dependent continuation:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

*Please contact your Paul Revere benefits representative if you wish to add a family member.*

## 7. Policy Loan *YOU MUST ALSO COMPLETE SECTION 9 AND 12 ON THE REVERSE SIDE. (Select either policy loan section 7 or withdrawal section 8, not both)*

### PLEASE SELECT ONE OPTION

- I am requesting a policy loan for the following amount: \$ \_\_\_\_\_
- I am requesting a policy loan for the maximum amount available.

By signing on the reverse side, I hereby assign the policy to the insurer as collateral.

**Policy loans are available on select life policies only. Minimum loan amounts may apply as stated in your policy contract. You will receive annual loan and interest notices until the loan is fully repaid. For information regarding repayment of your loan, please contact us at 1.800.325.4368.**

Continued on Reverse Side

The Paul Revere Life Insurance Company Processing Center

**8. Withdrawal / Partial Surrender (Universal Life Policy)** YOU MUST ALSO COMPLETE SECTIONS 10 AND 12. (Select either policy loan section 7 or withdrawal section 8, not both)

**PLEASE SELECT ONE OPTION**

- I am requesting a policy withdrawal / partial surrender for the following amount: \$ \_\_\_\_\_
- I am requesting a policy withdrawal / partial surrender for the maximum amount available.

Only one policy withdrawal/partial surrender is allowed per policy year. Minimum withdrawal amounts apply as stated in your policy contract. There will be a processing fee as stated in your policy contract. Policy withdrawals/partial surrenders are available on universal life policies only. If your policy is not a universal life policy and you request a withdrawal, we will process the request as a policy loan.

**9. Special Notice for Residents of a Community Property State**

A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or the proceeds in the event any policy benefits become payable.

**10. Other Requests or Remarks (INCLUDES ILLUSTRATION CHANGES, FACE DECREASE, AGE DISCREPENCIES, OR PREMIUM INCREASE, ETC.)**

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**11. Signatures Required** YOU MUST FILL OUT THIS SECTION COMPLETELY IN ORDER FOR US TO PROCESS YOUR REQUEST. BE SURE TO LIST A **SOCIAL SECURITY NUMBER OR DATE OF BIRTH** BELOW. FAILURE TO PROVIDE **SOCIAL SECURITY NUMBER OR DATE OF BIRTH** MAY DELAY PROCESSING.

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending.

I certify the **Social Security Number** or **Date of Birth** indicated is correct, and I hereby authorize The Paul Revere Life Insurance Company to execute this request.

Print Policy Owner's Name \_\_\_\_\_

Policy owner's signature \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Policy owner's Social Security Number or Date of Birth: \_\_\_\_\_

Policy owner's address \_\_\_\_\_

Assignee's signature (if any) \_\_\_\_\_

Date \_\_\_\_\_  
(MM/DD/YYYY)

**PLEASE BE SURE TO SIGN AND DATE.**

**MAIL TO: The Paul Revere Life Insurance Company Processing Center, P.O. Box 1365, Columbia, SC 29202-1365**

**Phone: 1.800.325.4368 / To fax requests: 1.800.561.3082**

**colonial-paulrevere.com**